



Print Name of Principal or Agent

## **Tobacco Product Tax**

(Title 16, Chapter 11, MCA)

Business	s Nam	ne	License No.	Date	
Drincinal	or Ac	gent Name		Phone	
-		ent Name			
Address				Fax	
City			State	Zip	
	Shi	pment and/or purchases of tobacco products (other	than cigarettes) for	month of	, 20
17 2. Att 3. A d 4. Att 5. Th	12, Fach copy ach is for	Instruction for the in duplicate. Submit the original to Montana Depart Helena, MT 59604-1712, with payment. Retain a dup copies of all tobacco products invoices, and support of TP-102 must be attached if a credit is claimed on to reporting forms with payment made payable to the must be post marked by the 15th day of each moand / or product shipped to Montana during the prediction.	olicate in company fing unit costs from line 7.  Montana Department covering produ	Customer Intak ile for field audithe manufacturenter of Revenue	t purposes. er. e.
Sectio	n 1 -	- Other tobacco product tax reconciliation			
	1.	Total wholesale cost of tobacco product (total colur	nn B, section 2)	\$_	
	2.	Tobacco product tax rate		······ <u> </u>	0.25
	3.	Tobacco product tax of the wholesale cost (multiply	line 1 by line 2)	\$_	
	4.	Total weight of moist snuff product (total column C,	section 2)	······ <u> </u>	OZ
	5.	Moist snuff product tax rate		\$_	0.35/oz
	6.	Moist snuff product total weight tax (multiply line 4	by line 5)	\$_	· · · · · · · · · · · · · · · · · · ·
	7.	Total tobacco product tax and moist snuff tax (add	line 3 and line 6)	\$_	· · · · · · · · · · · · · · · · · · ·
	8.	Tobacco product tax discount rate			0.025
	9.	Total tobacco product tax discount (multiply line 7 b	y line 8)	\$_	
	10.	Total tobacco product tax less the discount (subtra-	ct line 9 from line 7	)\$ _	
	11.	Total credit from TP-102		\$_	
	12.	Net total tobacco product tax due (subtract line 11	from line 10)	\$_	
		ereby swear and affirm under penalty of false sweari rect to the best of my knowledge.	ng that the informa	tion herein and	attachment are true and

Date

Page 1 315

Signature of Principal or Agent

## Section 2 – Other tobacco product invoices recap

For the month of	, 20	
Business name_	Phone	

Invoice number	MT Vendors – please list manufacturer or vendor name Or Out of State Vendors – please list Montana customer name	Total invoice before discount (A)	Tobacco product wholesale cost before discount (excluding moist snuff) (B)	Moist Snuff Product Total Weight (oz) (C)
number	Out of State vendors – please list Montana customer name	(A)	(B)	(0)
tal of other t	tobacco product wholesale cost before discount			
tal value of	tobacco product wholesale cost before discount column B on line 1, section 1, and column C on line 4, section 1.	. \$	\$	1

Page 2 315